

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028482

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2007

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

HOSPITAL OR INSTITUTION

D. O. A Homer G. Phillips

No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN

ST Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1420 Academy

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ARTHUR

BROWN

4. DATE OF DEATH

Month

Day

Year

7

13

62

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-6-1908

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NIL

10b. KIND OF BUSINESS OR INDUSTRY

NIL

11. BIRTHPLACE (City and state or country)

MISS

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

CHARLEY

BROWN

13b. MOTHER'S MAIDEN NAME

NINCY

BRIDGES

14. NAME OF HUSBAND OR WIFE

SMARY R. BROWN HILMAFFITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

SMARY R. BROWN HILMAFFITT

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

several sec.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

several

months

DUE TO (c)

331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-3-62

to 7-13-62

and last saw him live on

7-12-62

Death occurred at

6:45

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Bernard C. Randolph, M.D.

22b. ADDRESS

14903a Easton

22c. DATE SIGNED

7-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

7-19-62

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK

23d. LOCATION (City, town, or county)

ST LOUIS COUNTY

(State)

MO

24. FUNERAL DIRECTOR

SWAN-MEHEE UND.CO 1619 N.

25. DATE RECD. BY LOCAL REG.

JUL 17 1962

26. REGISTRAR'S SIGNATURE

Roal Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward J. Flynn

Licensed Embalmer No.

4444

P. O. Address

W. R.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.